Asthma Program Extension Proposal

Tax ID number for Ryan-NENA: 13-2884976

Description of the Organization, Project Goals, Activities, Leadership, and how proposed Project fits in organizational mission.

In 1968, the NENA Comprehensive Health Center was founded in order to bring high quality, affordable health care to residents of the Lower East Side (LES) of Manhattan. In 1988, NENA joined the William F. Ryan Community Health Network and became the Ryan-NENA Community Health Center. As part of the Ryan Network, Ryan-NENA maintained its commitment to the provision of accessible health care, and adopted the shared mission of the entire Ryan Network, that health care is a *right*, not a privilege.

Today, Ryan-NENA continues to primarily serve members of the LES community, while welcoming patients who travel from other parts of the city. Ryan-NENA offers a full range of comprehensive health services, including pediatrics, adolescent health, adult medicine, women's health (including family planning and Ob/Gyn), dental, ophthalmology/optometry, medical specialty services, mental health (including psychiatry), nutrition counseling, health education, a Women Infants and Children (WIC) Supplemental Food Program, laboratory, radiology, and 24-hour phone access to practitioners. Ryan-NENA also participates in the Network's pharmaceutical plan, which allows uninsured patients to purchase medications with a low copayment, and uninsured homeless patients to receive them for free. The Network absorbs the uncovered prescription drug costs for these patients. The Ryan-NENA Community Health Center's annual budget is approximately \$11.5 million; the total Ryan Network budget is \$44 million, which includes Ryan-NENA, as well as 15 other Ryan service sites. *Please see attached, the William F. Ryan Community Health Center's letter of incorporation and audited financial statements.*

The Ryan-NENA Community Health Center is located at 279 East 3rd Street (between Avenues C and D) in the Lower East Side of Manhattan, an area where nearly 1 in 4 residents is living below the poverty level (NYCDOHMH). Of the 10,878 patients that Ryan-NENA served in 2013, 92 percent live at or below 200 percent of the federal poverty line, and nearly 40 percent are from the 10009 zip code, in the immediate area around the Con Edison plant at 14th Street and Avenue C.

Communities with significant poverty levels, such as those served by Ryan-NENA, experience health disparities relating to asthma; children living below 200 percent of the federal poverty level in New York City are twice as likely to be diagnosed with asthma as those in wealthier households.¹ Racial and ethnic minorities are also disproportionately affected, with Black and Hispanic children under 12 years old experiencing triple the rates of asthma diagnoses as White children.² Nearly 1,200 patients at Ryan-NENA have been diagnosed with asthma, a number that includes more than 10 percent of NENA's total patient population. In children, asthma is a leading cause of missed school days and the most common cause of hospitalization for those 14 years and younger. Asthma can be controlled by taking anti-inflammatory medicines which require regular check-ups and management. With control, most asthmatics can lead normal, active, healthy lives.³ Good medical management of asthma can prevent many asthma-related hospitalizations, and patients can work with health care providers to better control their asthma.

In order to help Ryan-NENA patients and the surrounding community improve their health, the Center is requesting funding *to continue and extend its Asthma Care Team Program for an additional 12 months, through December 2015*. The Care Team has already seen great success during its initial nine months of operation, and with additional funding, could continue to make crucial inroads into assisting populations on the Lower East Side with asthma management. The Asthma Care Team's main goals are to 1) help asthmatic patients take control of their health and wellbeing, and 2) screen and find new cases of asthma in the target area. The overall goal of the Program is to help impacted LES community residents gain more control over their asthma, thus improving their health and ameliorating quality of life problems for local residents. As a new part of the proposed extended program, the Asthma Care Team will work to integrate the Ryan Network's *Patient Portal* technology into its program, in order to further assist patients in managing their own chronic conditions.

The Asthma Care Team, as part of its current activities, has provided 17 screening events and 20 workshops over the first nine months of its operation, reaching 766 individuals thus far. During

² Id.

¹ NYCDOHMH, NYC Vital Signs, Preventing and Treating Childhood Asthma in NYC, July 2012.

³ Asthma Initiative, NYCDOHMH.

these in-reach and external events, the Team distributes information concerning asthma, and assesses individuals to determine the symptoms and severity of their asthma using a peak flow meter. Depending on the results of the peak flow test, which measures how well air is breathed out of the lungs and may indicate whether asthma symptoms are in control or worsening, a member of the Care Team explains the readings to the individual and informs them of recommended "next steps." During the workshops, Care Team members explain asthma and its symptoms, and demonstrate proper medication use. Workshops also address relevant issues to the Lower East Side community; for example, many residents are experiencing mold problems stemming from the flooding that occurred during Hurricane Sandy, which has exacerbated their asthma conditions. Workshops address these conditions and provide local residents with information and action plans to reduce health impact. During the first nine months of the project, the Team has also screened nearly 300 individuals for asthma, provided nearly 100 targeted asthma kits to high-need, lowincome patients, and conducted 135 Asthma Control Tests (ACTs) on asthmatic patients (a standardized assessment tool of asthma's impairment which can be measured and tracked overtime). Based on the strong response from the community and the clearly identified need for an Asthma Care Team, Ryan-NENA proposes extending the program an additional 12 months, and increasing the previously set deliverables as follows:

Proposed Modified Deliverables for Extended Program (through Dec. 2015)					
Original	Proposed Modified	Timeline	Site/Staff		
Deliverables	Extension Deliverables				
32 on-site and off-	70 on-site and off-site	At least three events	LPN/RN		
site free asthma	free asthma screening	each month			
screening events	events and/or				
	workshops				
1,200 individuals	2,000 individuals	38 individuals per	LPN/RN		
screened for	screened for asthma	screening event			
asthma during	during free screening				
free screening	events				
events					
150 new	200 new Asthmatic	An average of eight to	LPN/RN		
Asthmatic patients	patients served at Ryan-	nine new Asthmatic			
served at Ryan-	NENA (20% increase	patients each month			
NENA (15%	from current numbers)				
increase from					
current numbers)					

750 new and current Asthmatic patients to receive targeted asthma kits	1,000 new and current Asthmatic patients to receive targeted asthma kits	Distribute about 40 kits each month to high need, low- income patients	LPN/RN
5,500 Asthma Control Tests (ACTs) conducted on each patient	6,500 Asthma Control Tests (ACTs) conducted on each patient	Depending on when the new patient begins being seen at Ryan-NENA, they will receive between one and six ACTs	Provider conducting test. LPN/RN gathering and analyzing data.
750 before and after surveys conducted	1,000 before and after surveys conducted.	This measure is difficult to break into months since it will depend on 1) how long the particular patient needs Care Team support; and 2) how many current and new patients will be targeted for care.	LPN/RN

Based on the needs identified during the first nine months of the Program, the Asthma Care Team will also focus more heavily on conducting workshops and screening events in the community. The Team has discovered that the majority of individuals encountered use their asthma medication incorrectly, and thus, experience exacerbated symptoms and decreased quality of life. Indeed, many individuals report that correct medication usage has never been explained to them by either their primary care provider or their pharmacist, and are left to self-determine the proper use and dosage for themselves. Thus, they have not received the full benefits of their medication. Many individuals have reported ceasing to use their asthma medication entirely, as they no longer believe that it works for them. By addressing these concerns, Care Team Members are able to greatly improve the quality of life for these individuals by giving them the tools to effectively evaluate, medicate, and control their condition and experience an improved quality of life.

As part of the proposed expansion program, the Care Team will also continue to work to coordinate patient care, remind patients of upcoming appointments, and overall, help patients navigate the health care system by creating an individualized treatment plan based on the each individual's triggers, symptoms and the medications they have been prescribed. Newly diagnosed patients will

continue to receive asthma kits, which include a peak flow meter, a calendar to help track appointments, a spacer tool that assists with optimal medication delivery directly to the lungs, and educational materials on asthma. To help identify unknown cases of asthma, Ryan-NENA will expand its provision of on-site and off-site free asthma screenings and referrals for care to Ryan-NENA patients and members of the Lower East Side community. These screenings/workshops have been, and will continue to be, available at partner organizations in the neighborhood and at Ryan-NENA during specified hours, including evenings and weekends as necessary. During the initial nine months of the Program, partnerships have been utilized with the following organizations/agencies, to provide events at: Jacob Riis Houses, University Settlement, Good Ol' Lower East Side (GOLES), the Manhattan Charter School for Curious Minds, PS 15, Grand Street Settlement, the Baruch Elders Service Team (B.E.S.T. Program), Jacob Riis Child Care Center, the Boys' Club After School Program, the Sirovich Senior Center, Henry Street Settlement, Meltzer Houses, and the Hispanic Federation. In the recent period, Program Staff have also teamed with GOLES to conduct presentations on the effects of mold on asthmatics throughout NYCHA developments on the Lower East Side, and this collaboration will continue in the coming months. If expanded for an additional 12 months, the Asthma Care Team will continue to reach out to and foster new collaborative relationships with other Community Based Organizations (CBOs) to ensure maximum reach of the Program to all those in the Lower East Side who might need asthma care coordination resources. Program staff are also currently in talks with Campos Plaza, in the immediate vicinity of the Con Edison plant, and Jacob Riis Houses, for additional collaborations, including an "Asthma & Mold" themed series of workshops to be held in the area. Efforts to work with Campos Plaza have been made more difficult because of changes in the NYCHA personnel. However, contact has been established with the Campos Plaza Tenant Association, and it is anticipated that the current talks will bear positive results.

The development of the individualized treatment plan includes a comprehensive review of how asthma affects an individual's body, the triggers which instigate symptoms of asthma, and how to reduce or eliminate triggers, as well as recognize the ones which affect each individual. Patients need to know and recognize the symptoms of asthma, and what to do once the symptoms occur. The sooner a patient can identify an on-coming attack, the sooner the patient will be able to work to prevent symptoms from worsening. The patient and provider must identify the appropriate

treatment among the various medications available. Ryan-NENA staff will also provide free screening services both on-site and off-site at partner organizations and appropriate health fairs. Individuals identified as having asthma will be referred for care at Ryan-NENA for follow-up services, including one-on-one case management to tailor individual treatment plans, including developing an Asthma Action Plan, and a referral to the Center for ongoing care. The Care Team will link families to primary care and help patients overcome any barriers they face to asthma control.

During the first nine months of the Program, the Asthma Care Team has provided nearly 100 oneon-one case management sessions. There has already proved to be a high need for such services in the community, especially with the recent changes that have occurred as part of the Affordable Care Act (ACA). Care Team members have uncovered that as part of the new ACA changes, insurance companies have also changed their formularies so that primary care providers are often prescribing medications to their patients that are no longer covered by their new insurance plans. Consequently, patients believe they are unable to receive covered asthma medication, and elect to go without treatment. However, the Asthma Care Team has been able to assist the patients in communicating with both their primary care providers and pharmacists to determine alternate medications that are covered, and to assist patients in getting access to medications and back on an asthma management care plan.

If granted extension funding, a new initiative of the Asthma Program will also include enrolling patients into the Ryan Network's *Patient Portal*, an online tool which allows patients to request appointments, send messages to their provider, request prescription refills, and view and share certain lab results. This online tool not only saves patients time and money, since they are able to make routine requests and access information from the convenience of their own home, their smartphone, and/or from the local library or community center that has computer resources available, but it also enhances quality of care by allowing patients to become a more active member of their health care team. The *Patient Portal* technology will also allow individuals reached during screening sessions and/or workshops to pre-register as patients, if they are interested in making an appointment with one of Ryan-NENA's practitioners. Targeted educational information may also

be sent to patients through the *Portal* on asthma management and medication tips. Care Team staff will utilize tablets at outreach events and/or workshops to help web-enable individuals.

The Care Team is overseen by Kathy Gruber, Executive Director, who has been at the Ryan Center since 1981 and provides administrative leadership for the Asthma Care Team members. Over the course of the last 25 years, Ms. Gruber has played a major role in reviving the Ryan-NENA Community Health Center to become a major provider of comprehensive high quality primary health care in Manhattan's Lower East Side. Ms. Gruber is a member of the Advisory Committee of the Center's School Based Health Programs and a member of both the Finance and Nominating Committees of the Community Health Care Association of New York State (CHCANYS). During her tenure at Ryan-NENA, Ms. Gruber has been a member of the Health Advisory Committee of University Settlement and the Lower Manhattan Healthcare Coalition. Most recently, she was elected to the Executive Committee of LESReady!, a coalition of 26 community groups and organizations that came together in response to Hurricane Sandy. The Care Team Coordinator, Tina Munzu, is a Registered Nurse and holds a Master's degree in Public Health. Ms. Munzu has worked in both acute care and community care settings to empower individuals with selfmanagement skills for better management of chronic conditions. Ms. Munzu is a certified Asthma Educator, partnering with individuals to attain better asthma control. She is a member of the Public Health Association of New York City (PHANYC). Proficient in both French and Spanish, she is able to provide linguistically and culturally competent services to the diverse population that makes up the Lower East Side community. Shalene Ortiz, the Asthma Care Team assistant, is a bilingual (Spanish) Licensed Practical Nurse (LPN) that works with the team to achieve program goals.

As a complement to Ryan-NENA's current range of education and outreach services to patients, the Asthma Care Team provides patients with much-needed care management services, helping patients and community residents with new asthma diagnoses and/or who are unable to manage their asthma. As mentioned above, the Care Team also provides appointment reminders, asthma care kits, support services, and assistance navigating the health care system. Implementation of the Program thus far has revealed that these services are very much in demand within the surrounding community, and that a large need exists for the targeted asthma care coordination

services. As such, Ryan-NENA is requesting additional funding in order to support the Program for an additional 12 months, through December, 2015, to ensure that this demand is met and all Lower East Side residents are able to take advantage of these care coordination services.

Monitoring and Data Analysis.

In order to quantify effectiveness, the project includes monitoring of a number of data parameters, including:

- Asthma Control: Monitor each individual's asthma control (frequency of symptoms, attacks, hospitalization, and medication use) throughout the duration of the Program via Asthma Control Tests.
- **Knowledge**: Questionnaires before and after the program to measure patient awareness and knowledge regarding asthma control. Based on the idea that education is the key to all behavioral change from within, the program aims to be sustainable and raise awareness levels in patients and community members.

Although only in effect for nine months thus far, the Program has already seen a quantifiable need demonstrated through the Asthma Control Tests, which are administered each time the patient meets with Program staff. Eighty-three percent (83%) of those patients who have been tested thus far as part of the Program received a score of 19 or below on their ACT, a score that indicates that their asthma may not be under control. Significantly, the effectiveness of the Program can already be seen on a preliminary basis. For those patients that have been enrolled for at least five months in the Program, and have received four or more ACTs from which we can analyze whether any correlative effect has taken place, the majority (75%) have already seen a positive trend in the results of their ACT, and half have seen the values of their ACT test move from 19 or below (indicating possibly uncontrolled asthma) to scores of 20 or above (indicating likely well-controlled asthma). The proposed extension would allow additional time to ensure that as many patients as possible are able to benefit from long-term intervention facilitated by the Program.

Patients seen at the Center and diagnosed with asthma are followed by a practitioner in keeping with the guidelines of the National Heart Lung and Blood Institute and operating in a team based model. Nurses and other staff members work with patients and families to educate them on

appropriate asthma control and proper use of asthma-related devices. Pediatric patients are generally given Asthma Action Plans, which are scanned into the electronic medical record, and are reassessed every three to four months. At schools where Ryan-NENA operates School Based Health Centers (PS 188 and PS 64), the Nurse Practitioner currently follows up with the patients to ensure their asthma is stable and to treat them for exacerbations. Patients needing pulmonary consult are referred to Mt. Sinai Beth Israel, Ryan-NENA's back up hospital.

Time Period	Activity	Staff Responsible
Month 1 (upon	Purchase Equipment to assist patient	RN, Project Manager
notification of	enrollment into Patient Portal	
funding) -		
ongoing		
Month 2 and	Web-enable new asthmatic patients, and	RN, Project Manager
Ongoing	enroll new and current patients into the	
	Patient Portal	
Ongoing	Continue to identify existing patients who	Medical Director; RN,
	would benefit from more dedicated services	Project Manager
	(ie, patients who currently do not have their	
	asthma under control)	
Ongoing	Continue to conduct screenings on-site and	RN, Project Manager;
	at existing community based partner sites	Project Assistant
Ongoing	Maintain existing relationships and create	RN, Project Manager;
	new partnership with organizations in the	Project Assistant
	community for screening services	
Ongoing	Continue meeting with new asthmatic	RN, Project Manager;
	patients, as well as current patients who are	Project Assistant
	not in control of their asthma (one on one	
	case management)	
Ongoing	Ongoing evaluation of Program, including	Medical Director; RN,
	chart reviews, patient surveys, and monthly	Project Manager
	meetings with the Care Team	

Detailed Project Budget.

The proposed Asthma Care Team will markedly improve the level of care that asthmatic patients receive and improve coordination of services. The personnel included in the budget include 1) Ryan-NENA's Medical Director, Sabrina Martin, M.D. (*in-kind support*); 2) the Asthma Care Team Coordinator, Tina Munzu, RN, who is also a Certified Asthma Educator; 3) a Program Assistant, Shalene Ortiz, LPN; and, 4) the Center's Community Relations Coordinator, Fernanda Espinosa (*in-kind support*). Program materials will include educational pamphlets to inform

patients and the community on how to manage their asthma, and items to distribute to patients as needed such as hypoallergenic pillow cases and/or mattress coverings to control dust mites. Equipment will include spacers and peak flow meters to distribute to patients, as needed, and two tablet computers to allow the Asthma Care Team to web-enable patients and enroll them in the *Patient Portal* during outreach and/or workshop events.

Clinical Informatics Budget	Total Cost	Requested Support	In-Kind Support
Personnel (including fringe benefits) ⁴	\$177,700	\$166,000	\$11,700
1.0 FTE Tina Munzu, Asthma Care	\$98,000	\$98,000	\$0
Team Coordinator, RN, MS, MPH, AE-			
С			
1.0 FTE Shalene Ortiz, LPN	\$68,000	\$68,000	\$0
0.05 FTE Sabrina Martin, Medical	\$7,500	\$0	\$7,500
Director, Ryan-NENA			
0.10 FTE Fernanda Espinosa,	\$4,200	\$0	\$4,200
Community Relations Coordinator			
Program Materials	\$1,000	\$500	\$500
Equipment	\$9,000	\$6,000	\$3,000
Sub-total	\$187,700	\$172,500	\$15,200
Indirect Costs (10% of budget)	\$18,700	\$2,500	\$16,200
Total Budget	\$206,400	\$175,000	\$31,400

Other Funding and Sustainability.

Ryan-NENA does not currently have other funds to cover the cost of the proposed Program. Thirdparty revenue obtained from providing medical services to new patients will help bolster the Program to ensure the continuation of services. As with all of its grant-funded activities, Ryan diligently seeks alternative funding for all programs providing services to the Centers' patients. Ryan has previously received support for similar care coordination services and will continue these efforts to ensure future sustainability.

⁴ Please note that Personnel costs have increased since the original submitted budget, as the original budget included estimated costs for positions yet to be filled and underestimated the cost of these hires.